



ABOVE • Ads for patent medicines such as Lydia Pinkham's Vegetable Compound once drew many customers. See story on p. 3.

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Law, Ethics Not the Same

Ethics Rounds Examines Illegal Behavior, Confidentiality

By Carla Garnett

Say you're a nurse or doctor at the Clinical Center. In the course of a research study, you discover a patient breaking the law. What do you do? If your decision seems simple, it's likely you're missing important ethical—not to mention, legal—considerations and consequences. An Ethics Grand Rounds discussion, "Research Subjects Engaged in Illegal Behavior: How Should Clinicians Respond?" tackled the topic on Feb. 1 in Lipsett Amphitheater.

If the notion of a patient involved in an illegal act in the hospital seems farfetched, consider this true story (to protect confidentiality, some facts have been changed): A 35-year-old woman volunteers to take part in an NIMH clinical trial. Sally has a 21-year history with a major mental illness. To be eligible for the study—an inpatient, phase-II drug trial—volunteers could not be active sub-



SEE ILLEGAL BEHAVIOR, PAGE 6

Attorney Barbara Mishkin

Spotlight on Microbicide Research

First National Women and Girls HIV/AIDS Awareness Day

By Belle Waring

HIV testing is usually a confidential process. Yet Staci, a vigorous 22-year-old mother of two, has consented to being filmed while she receives her results.



Dr. Betsy Herold

When the mobile clinic first came round her neighborhood—well, why not get the test? "If I have something," she says sturdily, "I would like to know, keep myself healthy." The most important thing in her life, she says, is her kids.

And now HIV counselor Eric Thornhill reads the results. Staci is HIV-positive.

"You mean I have AIDS?!" She tries to bolt, but Thornhill gently holds her.

SEE WOMEN AND AIDS, PAGE 4

Country Line Dancing

500 Classes Later, NIH'ers Still Strutting Their Stuff

By Jan Ehrman

It's a hit in Texas, bigger yet in Australia and even former HHS Secretary Donna Shalala was spotted doing it a number of years back at a Combined Federal Campaign kickoff program at NIH. The activity? Line dancing.

Every Tuesday at noon, as many as 20 employees, Clinical Center patients and visitors kick up their heels as they learn the latest line dances under the auspices of the Country Western Line Dance club. The club, sponsored by the Recreation and Welfare Association, celebrated its 500th weekly class on Feb. 28.

The current instructor, Dennis Askwith, a senior program analyst with NHLBI, is one of several NIH'ers who have been teaching the sessions since their inception in 1995. "Actually at the very start, for several sessions we paid professional line dancers to come in and teach the steps," recalls Askwith, who

SEE LINE DANCING, PAGE 8



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NIH Record Office
Bldg. 31, Rm. 5B41
Phone (301) 496-2125
Fax (301) 402-1485

Web address
<http://www.nih.gov/nihrecord/>

Editor
Richard McManus
rm26q@nih.gov

Assistant Editor
Carla Garnett
cg9s@nih.gov

Staff Writer
Belle Waring
bw174w@nih.gov

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briefs

Symposium Honors NIAMS's Kempner

A symposium in honor of Dr. Ellis S. Kempner, NIAMS, will be held Friday, Apr. 21 from 1:30 to 5 p.m. in the Bldg. 50 main auditorium. The program will recognize Kempner's scientific contributions, notably his pioneering of the technique of radiation inactivation and its diverse applications in biology. Invited speakers include: Shelagh Ferguson-Miller (Michigan State), Catharine Ross (Penn State), Sidney Fleischer (Vanderbilt), Werner Schlegel (Univ. Geneva), Marshall Nirenberg (NHLBI), Henry Metzger (NIAMS). Register for free at http://niams.cit.nih.gov/rtbc/meetings_events.htm.

NIH To Observe Earth Day, Apr. 27



NIH will celebrate Earth Day on Thursday, Apr. 27. In advance of the event, the Office of Research Facilities' Division of Environmental Protection (DEP) invites you to win a prize by guessing what IT (see photo above) is and why IT makes an important statement about protecting our environment and relates to the NIH mission. Some hints: There are not many left in the world. ITs native habitat in the Klein Karas mountains of Namibia is being increasingly destroyed, and ITs survival is further threatened by poachers. In this photo, IT is looking for a mate and for some hungry flesh flies to help consummate ITs romance with a distant partner. The San tribesmen of the Kalahari desert have been using related species for medicinal purposes for many years. Think you know what IT is and why IT's important? DEP will award a small prize to the first five people who can correctly answer these questions. Submit your answers to Michelle Coley at coleym@mail.nih.gov by noon on Friday, Apr. 21. The NIH Record will publish the answers and the names of any winners.

Symposium Will Honor Ferretti

"Forty Years of NMR in Biological Systems—A Symposium To Honor James A. Ferretti, Ph.D." will be held Apr. 21 at the Natcher Conference Center, from 8:30 a.m. to 5 p.m. The symposium will celebrate Ferretti's scientific achievements. He has pioneered the application of pulsed Fourier transform nuclear magnetic resonance techniques to the study of a wide range of chemical and biological systems. Featured speakers include Ad Bax, Marshall Nirenberg and Dennis Torchia from NIH, and a host of others. There is no cost, but registration is requested via email to tjandran@nhlbi.nih.gov. For more information visit www.nhlbi.nih.gov/meetings/ferretti.

NIH Library Offers Hands-On 'Scopus' Class

Scopus is the newest resource available to NIH'ers via the NIH Library's online databases collection. Register now for the May 18 hands-on training on how to search, set up alerts and capture results from more than 15,000 journals and 13 million patents. Four additional free classes are offered this season. For details on all classes, visit <http://nihlibrary.nih.gov/ResourceTraining/>.

National Day of Prayer, May 4

In 1952, a joint resolution by Congress, signed by President Truman, declared an annual national day of prayer. In 1988, the law was amended and signed by President Reagan, permanently setting the day as the first Thursday of every May. This year's National Day of Prayer will be observed May 4 at 11:30 a.m. on the lawn in front of Bldg. 1, near the flagpole. The observance invites all people of any faith to pray for the good of the country and its leaders.

Learn to Communicate Effectively

The Work and Family Life Center will hold a seminar titled "Communicating Effectively," on Wednesday, Apr. 19 from noon to 2 p.m. in Bldg. 50, Rm. 1227/1233L. Communicating is one of the most basic things we do as humans. It's also one area many of us often don't actively develop. Find out what the most common barriers to communication are and how strategies such as "active listening" can help improve your relationships with coworkers.

Yoga Meditation Held Weekly

Sahaja yoga meditation class is held every Thursday at 7 p.m. on the third floor of the CRC, Rm. 1608 North. Sahaja yoga seeks to awaken inner energy called kundalini, and is offered for free and without obligation. The class is sponsored by the recreation therapy section of the rehabilitation medicine department. For more information contact Jasmin Salloum, (301) 402-5630.

nih record



**Commodification Meets Black Cohosh
NLM Seminar Focuses on 19th-Century
Patent Medicine**

By Belle Waring

In the late 19th century, when many women had little or no access to medical care, Lydia E. Pinkham's "Vegetable Compound" became one of the world's most popular medicines.

This was before big pharma's direct-to-consumer marketing. Before hormone replacement. Before aspirin. Even bathtubs were a luxury.

Pinkham converted her home remedy for menstrual and menopausal symptoms into a major business—the first widely successful U.S. company run by a woman. She pioneered direct advertising to women, and made a fortune.

"She was an ideal example of commodification [commercial product-creation]," explained the University of Delaware's Prof. Susan Strasser in a recent NLM seminar sponsored by the History of Medicine Division.

She traced the elixir's beginnings to 1875 in Pinkham's Lynn, Mass., home, where Pinkham and her family received local women seeking help for "female maladies." Pinkham, a generous neighbor, would offer the gift of her homemade medicine.

Until her sons had an idea. "Lydia was giving her remedy away," said Strasser. "She gave it away and gave it away until her sons said, 'Let's sell this.'" With the U.S. in a depression and her husband bankrupt, they had little to lose.

Pinkham made her medicines and composed accompanying pamphlets, while her sons handled distribution. As the business took off, Pinkham wrote countless letters responding to

women seeking health advice. "Soon, the business was incorporated and its products sold worldwide. There was an extremely rapid dissemination of trademark," said Strasser, whose specialty is American consumer culture.

Pinkham's compound was 18 percent ethyl alcohol—36 proof. "Alcohol was used as a solvent, extraction medium and preservative," Strasser explained. "Other ingredients were liferoot, unicorn root, pleurisy root, fenugreek and black cohosh."

Many physicians then prescribed proprietary medicine for dysmenorrhea, for symptoms of menopause and even for conditions as serious as prolapsed uterus, since many women could not afford the cost of surgery. "Pinkham was well versed in herbal remedies," said Strasser. "Local healers without medical education were essential to all communities before the 20th century." Some herbal lore, she noted, had been inherited from Native Americans, who used black cohosh for gynecological disorders.

The Pinkham Company's special talent was in new marketing techniques: selling directly to women. Lydia Pinkham's own likeness, as well as that of her grandchildren, appeared on product labels and her advertising relied on testimonials. "In its commodification, the advertising used a model of old-fashioned social relations. The trademark image made women believe that the trade relationship would be direct and personal," said Strasser. At first, Lydia handled the correspondence herself, but soon there was too much for her, and the company hired as many as 30 women to handle letters. Even decades after her death, the staff continued to sign Pinkham's name until the practice was exposed. The business was sold in 1968.

Did her herbal methods produce or extend any new knowledge that was folded back into conventional medical education and treatments? "No," Strasser replied. "There was a huge backlash against proprietary medicine among regular physicians."

Was Pinkham a forerunner of modern direct-to-consumer marketing? "Pinkham and her family were market leaders," said Strasser.

What of current medical use of black cohosh, formerly one of Pinkham's ingredients? Although some studies suggest the substance may help relieve menopausal symptoms, other study results do not. NCCAM is currently funding research to determine whether black cohosh (*Cimicifuga racemosa*) reduces the frequency and intensity of hot flashes and other menopausal symptoms. No studies have been published on long-term safety in humans. ●

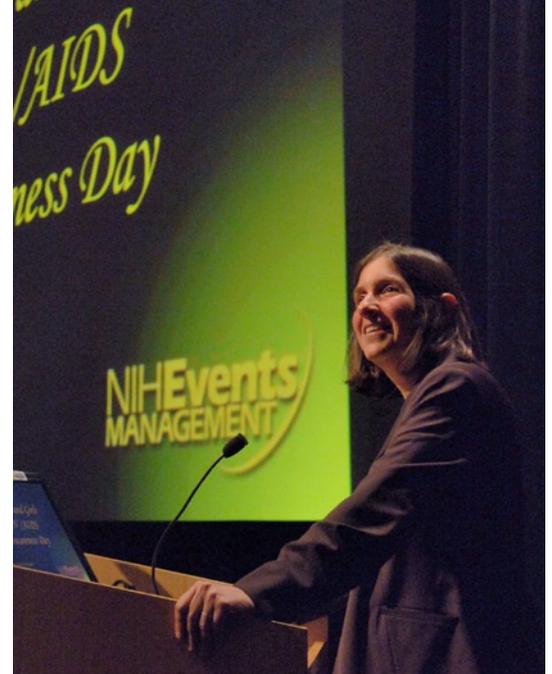
Left:

Lydia Pinkham's "Vegetable Compound," a patent medicine marketed directly to women, was widely sold in the late 19th century. To make the trade relationship seem direct and personal, Pinkham's advertising cards featured appealing images of herself and her grandchildren.



WOMEN AND AIDS

CONTINUED FROM PAGE 1



Left: NIAID's Dr. Mary Fanning outlines the scope of the HIV/AIDS problem in women and girls.

Right: Herold charts current progress in translating basic research leading to development of microbicides.

PHOTOS: ERNIE BRANSON

"My kids!" she cries. She presses her hand to her heart.

This scene comes from the documentary *Hidden Crisis: Women and AIDS in America*, produced by Moxie Firecracker in 2003 for the Kaiser Family Foundation. It profiles three women living with HIV/AIDS and was screened for viewers in Lipsett Amphitheater on Mar. 10, the first National Women and Girls HIV/AIDS Awareness Day.

The video attacks the fallacy that the AIDS epidemic is retreating: Increasingly, the epidemic affects women. Moreover, by any measure, the average woman with AIDS is likely to be worse off than her male counterpart.

Staci in New York, Betty in Mississippi, Tammy in Florida—these are the faces behind the numbers. Many in the audience wept at seeing their stories.

To place the dramas in epidemiological and scientific context, NIAID's Dr. Mary Fanning and Mount Sinai School of Medicine's Dr. Betsy Herold outlined the problem, which is stark. Globally, women now comprise almost half of the 42 million cases. In 2004, among all AIDS cases in the U.S., 27 percent occurred in women, up from 7 percent in 1985.

In the U.S., women of color are particularly hard hit. From 2001 to 2004, the vast majority—83 percent—of newly diagnosed women were African American or Hispanic. Young women are also increasingly burdened. Among people under age 25 who were diagnosed in 2001-2004, females accounted for 38 percent of them; in people 25 years and older, females made up 27 percent.

Women are biologically, socially and economically more vulnerable to HIV than men. Most women who acquire AIDS have one sexual partner—their spouse. Women are more susceptible to HIV infection; they suffer disease progression at lower levels of virus; their metabolism and response to drugs differ from men's. Meanwhile, social and economic factors may complicate women's disease management. HIV-infected women often have difficulty accessing health care, and may

carry the burdens of family and child care in the absence of any social support. They also tend to be diagnosed and enter health care services at later stages of infection than men.

In response, NIAID supports the Women's Interagency HIV Study and other clinical research on gender-specific differences in HIV disease progression, complications, treatment and prevention.

Herold, a professor of both pediatrics and microbiology, outlined current progress in translating basic research into microbicides; these drugs are designed for vaginal and rectal application. "In many areas," she said, "condoms are seen as taboo, as signs of infidelity, and vaccines are in the future. We need something now for pre- and post-exposure prophylaxis." We need microbicides, she said, and there are none on the market.

NIAID funding for topical microbicide research rose from \$27 million in fiscal year 2001 to an estimated \$52 million in FY 2006.

Herold explained how HIV and genital herpes infections (HSV-2+) overlap and feed into each other; how microbicides work; ideal microbicide characteristics; current phase IIb/III trials funded by NIH; limitations on studies; and promising trials in progress that are moving forward to phase III.

"There is nothing past phase III," she said. "We wish we had phase IV."

She noted that "microbicides do have the potential to empower women to battle HIV/HSV. NIH will establish microbicide trials, develop new drugs and identify pre-clinical and clinical markers that predict effectiveness and safety.

"By the time this event [in Lipsett] is over," she said, "800 more women will be infected." The need, she emphasized, is urgent. ●



Investigations Into Aging and the Mind

As our brains age, we're less likely to think as quickly as we used to or remember things as well. NIH research has made progress uncovering hints about how to keep our brains in shape as we age. But with more Americans living longer, NIH's research portfolio needs to identify and develop proven strategies to preserve brain health as people grow older. A new report by an expert panel suggests a number of promising avenues for further research into maintaining or enhancing both cognitive and emotional function as people age.

The report stems from the trans-NIH Cognitive and Emotional Health Project, which was established by NIA, NIMH and NINDS to identify the demographic, social and biological determinants of cognitive and emotional health in older adults. The project formed a panel of experts, the critical evaluation study committee, to analyze the existing scientific literature and identify factors involved in the maintenance of cognitive and emotional health. Based on this analysis, the committee was to outline strengths and weaknesses in our knowledge and offer suggestions for future research opportunities.

The committee looked for large longitudinal cohort studies that considered a wide variety of demographic, psychosocial and biological factors and their effects on both cognition and emotion, predominantly in people age 65 or older. Examples of outcomes included cognitive performance and decline. Measures of emotion included the presence of depressive symptoms, anxiety symptoms and resilience. The committee eventually identified 96 papers from 26 studies for further analysis.

The report, published in *Alzheimer's and Dementia: The Journal of the Alzheimer's Association*, concluded that several factors appear to be associated with the health of the aging brain. These include education, cardiovascular health, physical activity, psychosocial factors (such as emotional support, social engagement and stress), chronic illness and genetics. Overall, the committee identified more than

40 factors that may play a role. They also raised many possibilities for potential interventions.

Of particular note was cardiovascular (CV) disease. An increasing number of published studies suggest that traditional risk factors for CV disease are also risk factors for cognitive decline. Modifiable lifestyle factors that may help stave off cognitive decline thus include diet, smoking, physical activity, alcohol intake and sleeping habits. The group stressed that research aimed at directly testing such interventions deserves more attention.

The committee also highlighted the ties between emotion and cognition. A history of symptoms such as depression or anxiety, for example, is associated with both poorer cognitive and emotional health in late life. Either the relationship between emotion and cognition is bidirectional or they are affected by a common underlying process. Since the two are inextricably linked, the report concludes, future research in the field would be well served by studying them simultaneously.

NIH is intensifying the search for strategies to preserve brain health as people grow older. This report helps to illuminate a number of promising avenues. For more information, see <http://trans.nih.gov/CEHP>.—Harrison Wein



Felcom Holds On-Site Career Seminar

The NIH fellows committee (Felcom) recently had its first on-site career development seminar at the Bayview-Baltimore campus. Dr. Garth Fowler of ScienceCareers.org (c) provided attendees with tips on interviewing for a variety of job opportunities. The Johns Hopkins Postdoctoral Association (JHPDA) provided refreshments for the reception following the program. JHPDA President Simon Williams (l) and Felcom representative for NIA Poloko Leotlela (r) were among attendees at the seminar.

ILLEGAL BEHAVIOR

CONTINUED FROM PAGE 1

Right:

Julie Kohn, CC adult mental health clinical nurse specialist, responds to questions with Dr. José A. Apud, medical director for the Schizophrenia Inpatient Research Program, NIMH Clinical Brain Disorders Branch.

PHOTOS: BILL BRANSON

stance abusers. Potential participants who had a substance abuse history longer than 5 years were excluded from the study. A customary toxicology screening for illegal substances, done during admission, cleared Sally to take part.

Six weeks after admission, however, during a weekly search (routine for adult inpatient mental health units), nurses find ash residue in Sally's room. Clinical staff have a talk with Sally. They remind her of study rules. "No illegal drug use allowed. Violators will be dropped from the program." Sally is agitated during the chat. Because of her history of self-harming behavior, she's placed on close observation. Another tox screen again finds Sally clean.

A few days later, Sally completes the first part of the study. Routine lab tests find her liver enzymes elevated, so she is taken off the protocol but kept on the unit until the enzymes can return to normal. The next day, Sally tells a staff member that she's been smoking marijuana for the past 2 weeks. A urine tox screen confirms the drug use. A search of her room finds a marijuana cigarette.

"How should staffers respond to Sally's possession of an illegal substance, if her judgment is impaired by her mental illness?" asks Julie Kohn, a CC adult mental health clinical nurse specialist who presented Sally's story. "Do we remove Sally from NIH, and/or call the police? What should we do with the marijuana?"

In a case like Sally's, advises attorney Barbara Mishkin, "care and compassion" should be the first responses. "She may have been self-medicating with the drugs, as people in her condition often do before they get into adequate treatment settings. There may have been some disruption or interference with her [prescription] drugs and whatever the study drug was." Dispose of the drug from Sally's room, then get her referred for drug counseling and treatment, Mishkin said.

A former NIMH research psychologist who is now a partner with Hogan and Hartson law firm, Mishkin specializes in legal-ethical issues involving human subjects in medical research. She was invited by the CC department of clinical bioethics to help analyze and discuss various ways to view the topic.



"Law and ethics are not the same thing," she emphasized. "Sometimes the law will head you in one direction, while ethics will head you in another direction. In this particular instance, they really are compatible."

In general, Mishkin said, clinicians facing such a problem should consider five issues:

- **Protecting the participant and others from harm.** "This case isn't one where you'd have to worry about the patient assaulting other patients, visitors or staff, but in some cases you may have to confront that kind of a problem," she said.

- **Protecting the integrity of the study.** Withdrawal of the participant from the study is almost always recommended, Mishkin said. Use of unauthorized substances—whether or not illicit—can skew the study results, interfere with the study drug or even cause harmful reactions in the participant. "This is a research institution," she stressed. "You spend a lot of money on your studies and you do want to protect them."

- **Protecting the confidentiality of the study participant.** The Public Health Service Act protects the confidentiality of research subjects, she noted. In addition, other laws, such as the Mental Health Patient's Bill of Rights, restrict disclosure of the health records of mental health and drug abuse patients. "You'd have to be very careful if you want to disclose anything about a patient who is now using illicit drugs and has a history of having used illicit drugs," Mishkin pointed out. "You're probably not going to be able to disclose that except under very extraordinary circumstances."

- **Honoring promises made to the study participant.** What did the consent form tell the participants about NIH policies on the campus or on the unit? Information about NIH policies and reminders—prominently posted signs and warnings, for example—are always a good idea, she suggested.

"If the research staff have promised them confidentiality, then it would be a real break in trust to disclose anything about them to anyone outside without a real need to protect public health or individual people," Mishkin said. "Violation of trust with one participant will make trust with other participants somewhat shaky."

• **And finally, protecting what she termed the “fiduciary” relationship.** “Although it’s not [technically] a doctor/patient relationship,” said Mishkin, “you’re going to find that participants—no matter how much you tell them that you’re not their treating physicians—are going to look at the staff as their protectors. For that reason, I think you have a fiduciary relationship, an element of trust established between you and your patients and you don’t want to disrupt that.”

But what if Sally had been found using a stronger illicit drug like heroin or crack cocaine? asked an audience member. Or, what if she was sharing or even selling drugs to fellow patients? What if a study participant brings a gun into the hospital? How about you discover a patient doing something illegal but not otherwise harmful to himself or others, like cheating on his taxes? Would any of these circumstances change the way clinicians ought to handle things? At what point would you need to call in the police?

Rounds moderator Dr. Dave Wendler of the NIH Clinical Bioethics Consult Service had set the ground rules before the discussion began. “We’re not here to dissect this particular case, how this case was or was not handled,” he reminded. “Instead, we’re using this as a jumping-off point to talk about the general ethical issues that get raised by these kinds of cases.”

Skillfully—and with great humor—Mishkin addressed each query, not only offering potential legal perspectives of both lawyers and judges, but also providing opinions as someone comfortable with issues specific to the scientific research community. The first priority, she said, is always to make sure everyone on the unit is safe. Sally’s health would be the paramount concern, if she were using a more dangerous substance. So getting the research participant the medical help she needs is critical, Mishkin pointed out. The possibility of distributing or selling poses a threat to the whole patient population, she said. That activity would have to be reported to authorities. Similarly, a gun on the unit is a hazard to everyone. Mishkin said she would immediately remove the gun from the person and secure it before letting hospital security handle the matter.

After ensuring the welfare of both study participants and the research itself, Mishkin said clinicians should review the consent forms and the handouts and other materials that are given to patients before they begin the protocol. In addition, hospital policies and procedures should be reread and aligned with both federal and PHS

rules and regulations. Clear communication can prevent many problems, and can often determine appropriate responses by clinicians, she said.

As for the tax cheat, a smiling Mishkin concluded, “Physicians and clinicians have a lot of responsibility and power, but it doesn’t empower them to be busybodies. So unless the criminal behavior poses a threat to the health and safety of others, then I’d let it go.”

NIDA Grantees Win First *Sports Illustrated* Champion Award

Dr. Linn Goldberg and Dr. Diane Elliot, National Institute on Drug Abuse grantees at the Oregon Health and Science University School of Medicine, recently received the first *Sports Illustrated* Champion Award at a National Press Club ceremony in Washington, D.C.

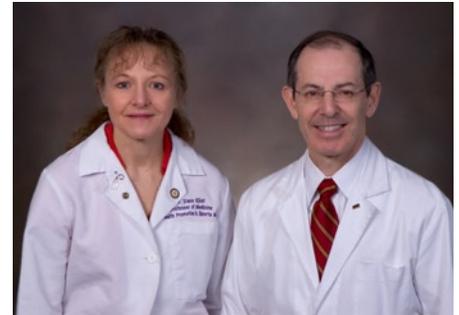
The awardees were recognized for their landmark steroid and drug prevention health promotion programs—ATLAS and ATHENA. In 1987, Goldberg and Elliot began investigating the reasons young athletes use anabolic steroids, alcohol and other drugs. Since that time, the team has successfully developed strategies to combat the use of anabolic steroids and other harmful substances among high school athletes.

The *Sports Illustrated* Champion Award, to be presented annually, comes with a \$1 million grant to fight the national problem of steroid use among high school athletes. The grant will fund four regional drug prevention and health promotion workshops across the nation, and a year’s worth of public service announcements in *Sports Illustrated*. Additionally, SI will partner with the Center for Health Promotion Research at OHSU to develop a *Sports Illustrated* school web site to provide state-of-the-art nutrition, exercise training and drug prevention information for young athletes, parents and coaches.

ATLAS and ATHENA—created in 1993 and 1999 respectively through two NIDA research grants—have been implemented at more than 60 high schools across the nation and designated as national models by Congress, the Department of Health and Human Services, the Department of Education’s Safe and Drug Free Schools and NIDA.

The ATLAS curriculum, which emphasizes the use of sports nutrition and strength training as healthy alternatives to steroids, has led to a 50 percent drop in new anabolic steroid use in young male athletes. Similarly, female students enrolled in ATHENA, which promotes the same healthy foods and training strategies, were nearly two times less likely than controls to have used diet pills in the last 3 months.

Collectively, the ATLAS and ATHENA programs continue to demonstrate exemplary work in the arena of steroid use in high school athletes. The *Sports Illustrated*-OHSU partnership promises to launch an effective national program to prevent steroid and drug use in high school students and promote health for the more than 7 million athletes involved in high school sports.



NIDA grantees Dr. Diane Elliot and Dr. Linn Goldberg of Oregon Health and Science University received the inaugural Sports Illustrated Champion Award.



LINE DANCING

CONTINUED FROM PAGE 1

Top:
NHLBI Program Analyst
Dennis Askwith offers instruction at his popular Country Western Line Dancing class. Instructions to students can typically include such admonitions as “Now it’s heel, heel, cha-cha, cha,” and “Palms up, hips back and kick-kick! Yee-haw!”

PHOTOS: ERNIE BRANSON

began dancing during a stint in Puerto Rico years back, where dancing was and still is considered very important. As you might expect of an analyst, he carefully constructs an Excel spreadsheet as he prepares to teach each new dance. While he now has about 75 dances under his heel, some well-established web sites contain the steps for upwards of 15,000 line dances from all over the world.

In a line dance, a group of five to 100 or more people form a line or several lines, while performing the same steps simultaneously. More popular the further toward the heartland you travel from the East Coast, line dancing typically has a cowboy or western theme, though at times other musical genres are introduced such as Celtic, swing, folk, rock and even those with a Latin flavor (e.g., cha-cha, salsa).

Askwith admits this form of dancing tends to be somewhat faddish—with upswings and downswings in popularity. A noticeable upsurge coincided with the release of Billy Ray Cyrus’s 1992 hit “Achy Breaky Heart.” In another sign of the activity’s appeal, a periodical solely devoted to line dancing hit the magazine racks in 1996.

A typical 8-beat dance movement might be called by the instructor as “up-cha-cha, kick-ball change, toe, heel, wrap, turn”—to the count 1 & 2, 3 & 4, 5, 6, 7, 8. Most line dances have four parts of 8 beats each. It takes about 20 minutes of instruction to commit a dance to “muscle memory,” according to Askwith.

So why the enduring interest? Askwith notes that “one factor is that, in minutes, you can master a complete line dance, while it can take months or longer to become competent in a traditional couples dance like the swing or the mambo.” He adds, “With couples dancing, you

first need to find a partner, then you have to gel with your partner, and finally, you have to retain that partner. With line dancing, you can ‘be all that you can be’ without depending on anyone else or, essentially, without being in someone else’s arms.”

Line dancing may elicit some health benefits also—be they physical, mental or social. The motivation for one class regular, Lillian McCloud, a clerk in the Office of Research Facilities, is preventive care/health maintenance. Per her doctor’s orders, she has faithfully attended classes for more than 9 years and has successfully kept her once troublesome arthritis in check.

Further, there may be a spiritual side to the activity. Askwith says many of the NIH participants sit in the laboratory all day using the left side of their brains, “but on Tuesdays they can come to our class and after a few minutes of instruction, almost mystically sync their body’s movements with some very cool music. The activity takes them to a very different place.”

Does it reduce anxiety and quell stress? It certainly may, but until one masters the steps involved in line dancing, it can also be stress-producing, some dancers maintain. Then again, “when you’re out there on the floor and you’re basically out of your own world, that’s when you really can see and feel the stress-reduction,” explained Askwith. “It’s a blissful feeling.”

NIH’ers who are curious about line dancing are welcome to join the club. Sessions are held every Tuesday in the Clinical Center’s 14th floor gymnasium. There is no charge to participate, but you must be a member of the R&W.

For more information, contact Askwith at (301) 496-5031 or email him at da20a@nih.gov. 📍



Now Podcasting!

Radio News Service Begins 'Podcasting'

The National Institutes of Health is now “podcasting.” The NIH Radio News Service offers biweekly “podcasts” containing information about the latest research and discoveries at NIH. You can subscribe to the podcast by logging on to <http://www.nih.gov/news/radio/nihpodcast.htm>—or you can take the easy route and go to www.nih.gov and click the “Now Podcasting!” link below the NIH Radio icon.

But what is “podcasting”? Chances are, you’ve heard the term before and aren’t sure what it means. If you’re somewhat computer-savvy, you may wonder if an iPod or some other sort of MP3 player is necessary. If you and your computer have only a nodding familiarity with each other, then maybe podcasting is what you’ve been doing with the husks when you’re finished shelling fresh peas from the garden.

Rest assured podcasting requires neither a fancy, expensive MP3 player nor a green thumb. According to the online encyclopedia Wikipedia, it’s a term coined in 2004 that combines the words “iPod” and “broadcasting.” But you don’t need an iPod or anything other than a computer to subscribe and listen to podcasts. And put that Visa card away. Podcast subscriptions are free.

The first edition of NIH Research Radio hit the World Wide Web on Mar. 10. Featured stories included: a discussion on the transition of medical research from the lab to the bedside with Dr. William J. Martin, the new associate director for translational biomedicine at NIEHS; a report about the new Spanish language initiative by the National Kidney Disease Education Program with comments from Dr. Josephine Briggs, director of the Division of Kidney, Urologic and Hematologic Diseases; and a story about how NIA’s “Vital Visionaries” program is using art to debunk myths of aging, with comments by NIA deputy director Dr. Judith Salerno.

Future podcasts will include information about the NIH SeniorHealth.gov web site, news about an NINDS study that identified two substances that warrant further study in the treatment of Parkinson’s disease, and a report about a study conducted by NIEHS that showed the elderly have a higher risk for cardiovascular and respiratory disease from fine particle pollution.

A recent report from the Pew Internet and American Life Project shows that more than 22 million American adults own iPods or MP3 players and 29 percent of them have downloaded podcasts from the web so that they could listen to audio files at a time

of their choosing. That amounts to more than 6 million adults who have tried this new feature.

“The podcast will give us an opportunity to expand the NIH Radio News Service from its current ‘short form’ single-story matrix to a more comprehensive long-form feature,” said Bill Schmalfeldt, Radio News Service production manager in the Office of Communications and Public Liaison, OD. “Where we typically tried to keep our radio features under 2 minutes to accommodate traditional radio, the podcast will give us an opportunity to sit and chat with scientists and really delve into the research that comes out of NIH—to talk about what it means to our listeners.”

In addition to the podcast, the Radio News Service also provides individual news stories on its web site (www.nih.gov/news/radio) as well as a 60-second feature called “NIH Health Matters” distributed on a monthly and quarterly basis to XM Satellite Radio and nearly 1,000 radio stations nationwide.

A new edition of NIH Research Radio will be available for download no later than the close of business on alternate Fridays—the most recent being Apr. 7. If you have questions, comments or suggestions, feel free to contact Schmalfeldt at (301) 435-7557.

How To Access a 'Podcast'

Here’s how it works from the listeners’ point-of-view.

First, download a “podcast aggregator”—iTunes (<http://www.apple.com/itunes/>) is one of the most popular. Others include Juice (<http://juicereceiver.sourceforge.net/>), NewsFire (<http://www.newsfirerss.com/>) and you’ll find a list of others on the NIH Podcasting web site.

Once you’ve installed your aggregator you will want to subscribe to the NIH Podcast—known as NIH Research Radio. We’ll use iTunes as our example, but other aggregators have similar methods for subscribing.

First, go back to the NIH Podcasting web site and click the orange button that says NIHcast. It will take you to a scary looking page with a bunch of code that you don’t even need to worry about. Go to your browser’s URL window (the thing you type a web site’s address into) and copy the URL—<http://www.nih.gov/news/radio/nihpodcast.xml>—then return to iTunes. On the left side of the screen, under Source, click Podcasts. Then, on the top left of the screen, click Advanced and then scroll down to Subscribe to Podcast and click it. When the window appears, paste the URL you copied from the NIHcast button and hit OK.

Congratulations! And welcome to the world of podcasting. Now, every time you open iTunes (or whichever aggregator you’ve chosen), it will check NIH Research Radio to see if there’s a new podcast available since the last time you visited. If there is, it will be downloaded automatically for your listening pleasure. If you choose, you can then copy the podcast to your iPod or other MP3 player. Or you can just sit and listen on your computer.

100 milestones

NICHD's Chrambach, Pioneer of Protein Separation, Dies

By Robert Bock

Dr. Andreas C. Chrambach, a pioneer in isolating proteins and a Nazi concentration camp survivor, died Feb. 23 after an automobile accident.

He retired as head of NICHD's section on macromolecular analysis last June.

He is best known for refining electrophoretic gel separation, a method used to isolate proteins by using an electric current to move them through a porous substance.

"Dr. Chrambach was a gifted scientist whose discoveries provided the foundation for numerous other scientific advances," said NICHD director Dr. Duane Alexander. "He was a kind, understanding man who made many friends at the NIH and who will be greatly missed."

Chrambach first came to NIH in 1966 as a visiting scientist in the Endocrinology Branch of the National Cancer Institute. In 1970, he took an appointment as a visiting scientist at NICHD, in the Reproduction Research Branch, and rose to the rank of senior investigator in 1974. In 1983, he became head of the section on molecular analysis, a position he held until he left the institute.

He spent virtually his entire NIH career perfecting the gel electrophoresis technique he first developed in the early 1960s as a research fellow in the department of biophysics at Johns Hopkins University School of Medicine.

Electrophoresis relies on an electric current to separate proteins from a mixture of similar molecules. Because proteins are of different sizes and carry different electrical charges, they move through the porous gel at different rates and so can be separated from one another.

In a paper published soon after he came to NIH, Chrambach and his coauthors described a technique to stain proteins with the dye Coomassie blue. The article was cited more than 10,000 times in other research papers, making it one of the most heavily cited articles in the scientific literature of that time.



When Chrambach began his work in the early 1960s, electrophoresis was an impractical technique that had few applications.

"Andreas took electrophoresis from an art to a science," said Dr. Josh Zimmerberg, chief of NICHD's Laboratory of Cellular and Molecular Biophysics, under which Chrambach's section on macromolecular analysis was organized. The methods he developed subsequently were used by many other researchers to isolate and characterize various proteins.

In collaboration with former DCRT Director David Rodbard, Chrambach developed methods to isolate proteins while still preserving their natural properties so that their function could be well understood.

"Andreas' great skill was in getting people to work together to solve a difficult problem," said his wife of 36 years, Dr. Birgit An der Lan.

Chrambach was born in 1927, in Breslau, Germany (now Wroclaw, Poland). By the time he entered high school, the Nazis had attained power. Although he was raised as a Catholic, Chrambach and his family were subject to the discriminatory practices of the time: his paternal grandfather and his mother had been born Jewish but had converted to Catholicism.

To escape persecution, the family moved to Hungary. When Chrambach's father was implicated in a coup against Adolf Hitler, Chrambach, his mother, father and brother were arrested and subsequently taken to concentration camps. Chrambach, then 17, and his brother Max, who was 18, were sent to Birkenau, a satellite of Auschwitz. By the end of the war, his father had disappeared and Max had perished at Buchenwald.

"The loss of his brother was the most painful blow of his life," said An der Lan. "He never got over it."

Although his brother did not survive, Chrambach was able to rejoin his mother in Germany after the war.

During her eulogy, An der Lan said that when her husband left the camp, he went immediately to a small church to give thanks for having been spared. He then walked along the banks of a small stream, appreciating its beauty with a new intensity.

In fact, his NICHD colleagues said that his experience at the camp gave him an appreciation for life that few others had.

"He made every second count," said his friend Dr. John Robbins, chief of the Laboratory of Developmental and Molecular Immunity. "He

knew how to appreciate good food, good wine and good friends.”

Despite his experience at Birkenau, Chrambach was never angry or bitter. He once spoke of how kind the German soldiers had been when they arrested him and his brother, said another friend at NICHHD, Dr. Adrian Parsegian, chief of the Laboratory of Physical and Structural Biology.

“He was able to see that we all share a common humanity, even as he saw evil in its worst forms,” Parsegian said. “He never let his spirit surrender to hatred.”

In addition to his wife, Chrambach is survived by two daughters from a previous marriage, Carla Tesar of Oakland, Md., and Monica Kucich of Maynard, Mass., by two sons from his marriage to An der Lan, Adam Chrambach and Max Chrambach, both of Berlin; and by five grandchildren.

Nayak Retires After Long Career At CSR

After almost 28 years of federal service, Dr. Ramesh K. Nayak has retired from his position as scientific review administrator and referral officer in the Center for Scientific Review.



For the last 28 years, he served as a cell and molecular biologist and scientific review administrator in the cell biology integrated review group. He also served as an acting chief of the IRG.

Nayak received his undergraduate and graduate degrees in biology in India and pursued graduate studies at the University of Rhode Island and Oregon State University. After graduating in 1970, he served several years in postdoctoral fellowship and research associate positions at the University of Nebraska and George Washington University Medical School.

After serving as associate professor in the faculty of science at the University of Kuwait, he first started federal service in 1978 as executive secretary of the molecular cytology study section in the Division of Research Grants. He became a DRG referral officer in 1990. He continued to serve as an SRA and referral officer at CSR until his retirement.

Nayak received numerous honors including two NIH Director's Awards for such activities as administering 8 study sections, arranging sym-

posia and contributing to the development of young minority scientists. He also received the NIH Award of Merit.

He expresses his deep appreciation to colleagues and staff in CSR and the institutes for their advice and support in making the review branch and NIH a great place to work. In retirement, Nayak plans to pursue business interests.

Indiana University School of Medicine Honors NIAAA's Li

NIAAA director Dr. Ting-Kai Li has been honored with the establishment of an endowed chair in his name at the School of Medicine of Indiana University.



In announcing the endowment, Dr. D. Craig Brater, vice president of Indiana University and dean of the School of Medicine (IUSM), cited Li's long and distinguished affiliation with IUSM as well as “his dedication toward research and leadership in the advancement of medicine.”

Li joined the IUSM faculty as professor of medicine and biochemistry in 1971 and was named the John B. Hickam professor of medicine in 1980. In 1985, he was named distinguished professor and from 1985 to 2000 he served as associate dean for research. After leaving IUSM to become NIAAA's director in 2002, he was named distinguished professor emeritus, and professor emeritus of medicine and of biochemistry and molecular biology.

The author of more than 500 journal articles and book chapters, Li is acclaimed for his research on the metabolism and pharmacokinetics of alcohol and the neurobiology and genetics of alcohol-related behavior and responses. Among his numerous honors are the international Jellinek Award and the James B. Isaacson Award, which recognize outstanding contributions to advancement of knowledge in alcoholism research. He is a member of the Institute of Medicine.

Establishment of the chair in Li's name was announced Feb. 24 at the second of two lectures he was invited to give at IUSM as the 2006 Mark Brothers Lecturer. The lectureship recognizes internationally renowned medical scientists of Asian descent, bringing them to the medical school to interact with faculty and students. 1

Gender Equity Workshop Yields Suggestions for NIH

By Karin Jegalian

In the climb to academic equity, women have made great strides through graduate school, now earning one-third of chemistry Ph.D. degrees. Yet women still lag far behind men as faculty members. At the top 50 research institutions in this country, women make up just 13 percent of the chemistry faculty. Among full professors, the number drops to 9 percent.

To address these issues, more than 100 national leaders in the chemistry community gathered for a workshop sponsored by NIGMS, the National Science Foundation and the Department of Energy. The workshop, titled "Building Strong Academic Chemistry Departments through Gender Equity," took place recently in Arlington, Va. It was co-chaired by Dr. Kendall Houk, professor in the UCLA department of chemistry and biochemistry, and Dr. Cynthia Friend, chair of the department of chemistry and chemical biology at Harvard.

The chairs of 55 chemistry departments attended the workshop. Other prominent participants included Madeleine Jacobs, executive director of the American Chemical Society, and Sen. Ron Wyden of Oregon.

Participants discussed the underlying causes of the gender gap and recommended strategies to eliminate it that ranged from making simple procedural changes to tackling systemic problems and unconscious biases.

Presenters repeatedly stressed that more than an issue of fairness, gender equity is in the nation's self-interest, since attracting the best minds to science promotes national security and the U.S. position in the global economy.

"Scientific research draws upon the same talent pool as law, medicine and business," said Dr. Michael Rogers, director of the Division of Pharmacology, Physiology, and Biological Chemistry at NIGMS. "We can't afford to lose the best minds to other areas when they might otherwise choose scientific research."

Suggestions for Funding Agencies

Gender equity issues are by no means limited to the field of chemistry. According to data compiled by the NIH Office of Extramural Research, women are considerably underrepresented among NIH principal investigators compared with the number of women with doctorates in the biomedical sciences. While women who apply for NIH grants have approximately the same success

rates as men, far fewer women apply. Ultimately, only 21 percent of NIH research funds go to female PIs. [NIH has gender information on almost 99 percent of its awardees. This information, provided voluntarily by grantees, has been tracked since 1994. The data represented graphically is at http://grants1.nih.gov/grants/policy/sex_gender/q_a.htm.]

Dr. Judith Greenberg, director of the Division of Genetics and Developmental Biology at NIGMS and principal leader of the NIH Director's Pioneer Award program, suggested that sometimes simple strategies can make a big difference in increasing the representation of women. She pointed out how in one year, NIH dramatically increased the number of women who received the NIH Director's Pioneer Award. In 2004, the first year the award was given, none of the nine recipients were women. The next year, 6 out of 13 awardees were women. "We didn't do an awful lot" to lead to that outcome, said Greenberg. Key changes included increasing the proportion of women on review panels, encouraging women to apply when advertising the awards and establishing clearer criteria for evaluation.

Greenberg also suggested that one straightforward step would be to require gender-equity training for grantees.

Because NIH already requires grantees to take training in responsible research conduct, meeting participants thought that adding a new module on diversity awareness would be relatively simple. "I think that could be implemented quickly if we can build the consensus to do so at NIH," said Rogers.

Workshop participants further urged funding agencies to consider gender-equity training for reviewers as well as for grantees.

Other suggestions included encouraging women to apply for large grants, where they are particularly underrepresented, and allowing multiple PIs on large grants. Participants also recommended that federal agencies encourage women to take part in new initiatives such as the NIH Pathway to Independence award, which is designed to help investigators receive R01 awards earlier in their research careers. The group urged agencies to establish family-friendly policies, such as providing paid maternity leave for students and post-docs and opening more opportunities to reenter the workforce after taking time off to care for children or attend to other family responsibilities.

Sen. Wyden pointed out that Title IX, the 1972 law that prohibits gender discrimination in any federally funded educational setting, can broaden opportunities for women in the sciences. Although now mostly associated with sports, the

law does not mention sports and was originally intended to remove gender bias in academia, he noted. Wyden acknowledged the presence of “embedded problems” that the law cannot simply sweep away, but he suggested that Title IX legislation is underused to create opportunities for women in academics. “You cannot get done what’s important for this country if you give short shrift to women in chemistry,” he said. “Federal agencies ought to set an example.

“We don’t need a huge new federal program,” Wyden continued. “What we really need is leadership and people being imaginative.”

Suggestions for Chemistry Chairs and Institution Leaders

Social scientists presented evidence that both unconscious and overt forms of discrimination in academia affect women’s choices and professional progress. For example, studies mentioned at the meeting report that female faculty in the sciences may have less opportunity to focus on their research because they tend to be given heavier teaching loads and more administrative burdens. Dr. Virginia Valian, a psychology professor at Hunter College, and others suggested that women are impeded by the accumulation of small disadvantages. “Mountains just are molehills piled one on another,” said Valian.

Dr. Jeremy Berg, director of NIGMS, said that one key to equity is better mentoring of graduate students, postdocs and junior faculty. Suggestions from other workshop participants included increasing the number of women in applicant pools for faculty positions; providing opportunities for two-career families; requiring diversity awareness training for hiring officials; working around family responsibilities when scheduling important meetings; placing women in leadership positions; and equally allocating laboratory space, teaching responsibilities and administrative burdens to male and female faculty.

The workshop organizers asked participants to work with their institutions to select two action items to implement and to report their decisions within 2 months of the meeting. The plan is to convene the group again in about a year to review progress. “These are issues that require sustained effort over time,” said meeting co-chair Friend. In other words, the mountains standing between women chemists and academic equity won’t be razed overnight, but rather in the same way they were built—one molehill at a time.

More information about the workshop can be found at <http://www.chem.harvard.edu/groups/friend/GenderEquityWorkshop/>. ●



NIH director Dr. Elias Zerhouni (l) and Dr. Gustavo Chapela Castañares complete the letter of intent.

NIH, Mexico Sign Letter of Intent on Research

On Mar. 8, the Mexico National Council on Science and Technology (CONACYT) and NIH signed a Letter of Intent to strengthen cooperation. The agreement comes after a visit by NIH director Dr. Elias Zerhouni to Mexico in November 2004.

Signing the agreement for CONACYT was Dr. Gustavo Chapela Castañares, newly installed as CONACYT director general. Chapela, whose background is in chemical engineering, is a leader in science and technology.

The letter calls on both agencies to work together to enhance clinical research training for United States and Mexican students; to allow mid-career scientists to work in Mexico or in the U.S. short-term; to support a new approach to bring Mexican postdocs to campus, then return home; and to identify areas of potential joint research.

The letter also calls on both partners to work closely with the NIH of Mexico (INSalud), which supports clinical training and research. Dr. Jaime Sepulveda, head of INSalud, will work with NIH and CONACYT in its implementation.

The previous NIH agreement with CONACYT expired in 2005. One of the central features of that agreement was the Pan American Fellows Program, which supported Mexican postdocs at NIH via a 50:50 co-funding arrangement. This new letter streamlines the process for postdocs and ensures their return home.

There are currently 23 Mexican researchers working in NIH intramural laboratories through the NIH Visiting Program—one exchange scientist, one professional services contractor, 17 visiting fellows, two volunteers, and two visiting scientists.

CIT Computer Classes

All courses are given without charge. For more information call (301) 594-6248 or consult the training program's home page at <http://training.cit.nih.gov>.

Introduction to Statistical Issues and Procedures Using SUDAAN	4/11
Introduction to Cascading Style Sheets	4/12
NCBI's Entrez Quick Start	4/13
Statistical Analysis with R	4/13
Windows XP Tips and Tricks - Intermediate	4/13
Excel Topics - Formulas	4/14
FileMaker Pro 7/8 Basic	4/17
Introduction to Statistics	4/18
Seeking Information on the Web	4/18
Fundamentals of Unix	4/19-21
Improve Your Public Speaking When Using PowerPoint	4/19
EndNote Workshop Hands-On	4/20
Remedy - NIH Central Service Ticket System	4/20

NIH Training Center Classes

The Training Center supports the development of NIH human resources through consultation and provides training, career development programs and other services designed to enhance organizational performance. For more information call (301) 496-6211 or visit <http://LearningSource.od.nih.gov>.

Merging Minds: Special Expert Teams in Bio. Sci.	4/12
NIH Domestic Travel	4/18
Purchase Card Training	4/21, 5/1
Knowledge Management and Strategic Human Capital	4/27
Travel Refresher Course	5/1
Time and Attendance for Supervisors Using ITAS	5/1
Review, Update on EEO Policies and Processing Laws	5/1
Writing Statements of Work	5/2

FARE Abstract Competition for Fellows

The 13th annual Fellows Award for Research Excellence (FARE) 2007 competition will again provide recognition for outstanding scientific research performed by intramural postdoctoral fellows. Winners of FARE will each receive a \$1,000 travel award to use for attending and presenting their work at a scientific meeting. One-quarter of the fellows who apply will win an award.

Fellows who apply to FARE submit an abstract of their research, which will be evaluated anonymously on scientific merit, originality, experimental design and overall quality/presentation. The travel award must be used between Oct. 1, 2006, and Sept. 30, 2007.

The FARE 2007 competition is open to postdoctoral IRTAs, visiting fellows and other fellows with fewer than 5 years total postdoctoral experience in the NIH intramural research program. In addition, pre-IRTAs performing their doctoral dissertation research at NIH are also eligible to compete. Visiting fellows/scientists must not have been tenured at their home institute. Questions about eligibility should be addressed to your institute's scientific director. Fellows are asked to submit their application, including abstract, electronically by Apr. 30 via <http://felcom.nih.gov/FARE>. Winners will be announced by the end of September 2006. More information is available on the web site above. Questions may be addressed to your institute's fellows committee (Felcom) representative.

Plain Language Awards Ceremony, Apr. 19 in Lipsett

NIH director Dr. Elias Zerhouni will host the sixth annual NIH Plain Language Awards ceremony on Wednesday, Apr. 19 at 2 p.m. in Lipsett Amphitheater, Bldg. 10. Along with special guest speaker, the "Food Label Wizard" and designer/artist Burkey Belser, Zerhouni will honor a group of NIH writers who have developed communication products that are exceptional for their clarity and focus. All are welcome to attend.

NIH began its plain language program in 2000 and held its first award ceremony in March 2001. That year, the plain language coordinating committee received over 100 entries; each succeeding year the number of entries has increased. For 2005, the committee received more than 175 nominations including web sites, news releases, fact sheets, newsletters, manuals and other written products. Members of the committee, which includes representatives from every institute, center and the director's office, evaluated submissions.

Belser is the talent behind the Nutrition Facts label on packaged foods. The Nutrition Facts box identifies at a glance how much fat, sodium and sugar lurks in every portion. The design, so simple that the label works for virtually anyone, won Belser a Presidential Design Award in 1997. The Washington-based artist also devised the Drug Facts label, which began appearing on over-the-counter medicines in 2002.

The Plain Language Awards ceremony will conclude with light refreshments. Sign language interpretation will be provided. For other reasonable accommodation, call (301) 496-1461. For more information about the plain language initiative, visit www1.od.nih.gov/exec-sec/plainlanguage.htm.



Study of Adolescent Brain Development

Mothers or fathers of adolescent children ages 12-17, together with the adolescent son or daughter, are needed as paid volunteers for a brief research study. The first visit is for mental and physical health screening of the adolescent; the second visit is for an MRI scan of the adolescent. The study does not require taking any medications. Call the National Institute on Alcohol Abuse and Alcoholism at (301) 451-6978.

Siblings, One with Systemic Sclerosis, One Without

Siblings with systemic sclerosis are invited to participate in NIH study 03-E-0099. Compensation provided. Call 1-866-444-2214 (TTY 1-866-411-1010).

Volunteers Needed for Anthrax Vaccine Study

NICHD is seeking healthy volunteers, ages 18-30, to participate in an investigational anthrax vaccine study conducted at NIH. Medical tests will determine eligibility. All study-related tests are provided at no cost. Compensation provided. Call 1-866-444-2214 (TTY 1-866-411-1010). Refer to study 04-CH-0283. Se habla Espanol.

Study Needs Men, Women

Healthy men and women, who are feeling sad, are needed for a study on the effects of exercise and mental challenge on mood and the body's response. Subjects should be 18-80 years old, be in good health and have normal blood pressure. Participants will be compensated for one 4-hour visit at the Uniformed Services University of the Health Sciences. For more details, contact Jessica Eng at (301) 295-0019.

Asthma Study Recruits

An asthma study is recruiting children ages 5 to 17. The study will examine the usefulness of a new procedure for evaluating asthma in children. All study-related tests will be provided at no cost. Compensation provided. Call 1-866-444-2214 (TTY 1-866-411-1010). Refer to study 04-I-0126.

Breast Cancer Survivors Wanted

A joint study by the Uniformed Services University of the Health Sciences and American University is looking for women between the ages of 20 and 70 to participate in an online questionnaire. Wanted are cancer survivors who were diagnosed and treated for primary breast cancer and were working full-time for at least 1 year directly prior to diagnosis. The study will ask questions about current health, past treatments, mood, fatigue, coping style and work. The online questionnaire will be confidential and any identifying information from you (e.g. name, address, etc.) will be kept separately from your responses. The questions should take about an hour to complete. You will receive financial compensation and a Lance Armstrong "Livestrong" wristband in the mail as a thank-you for participation. If you are interested in participating or have questions, go to <http://cimo1.usuhs.mil/mps/jhansen/Inclusion.tp4> to see if you are eligible for the study. You may enter any user name or password you wish in order to gain access to the questions.

Study of Eosinophilic Gastroenteritis

If you have eosinophilic gastroenteritis, consider joining an NIH treatment study. Call 1-866-444-2214 (TTY 1-866-411-1010).



Shurin Appointed NHLBI Deputy Director

Dr. Susan B. Shurin, a pediatric hematologist and oncologist with experience in both clinical and research activities, was recently appointed deputy director of NHLBI. "To her new position, Susan brings a unique combination of talents

and experiences in academic medicine, university leadership and management of complex organizations," said NHLBI director Dr. Elizabeth Nabel. Shurin is a researcher in the hemoglobinopathies and a leader of university programs and professional organizations. Most recently, she served as vice president and secretary of the corporation at Case Western Reserve University. In this position, she served as liaison with the university's board of trustees and advisor to the president. Previously, she was professor of pediatrics and oncology and chief of the division of hematology/oncology of the Rainbow Babies and Children's Hospital, University Hospitals of Cleveland.

FIC, ORWH Host International Women's Day Celebration

The Fogarty International Center and the Office of Research on Women's Health cosponsored a celebration of International Women's Day in early March at the Lawton Chiles International House.

Three international researchers presented talks on the theme "Women in Science, Women in Health." They discussed the links between their research at NIH and the health of women around the world. A networking reception followed the event.

Dr. Ofelia A. Olivero, staff scientist in the Laboratory of Cellular Carcinogenesis and Tumor Promotion, NCI, spoke on "Basic Science and Women's Health." Presenting her findings from the past 15 years of research, she discussed the genotoxic effects of anti-HIV therapies and the impact this knowledge has had on health practices. Research indicating increased rates of cancer in mice exposed to AZT *in utero* has heightened awareness of the potential drawbacks of anti-retroviral therapy in pregnant women, leading to long-term surveillance of the affected population.

Dr. Carolina Barillas Mury, an investigator in the Laboratory of Malaria and Vector Research, NIAID, spoke about her research and career in a talk titled "A Tale of Female Mosquitoes, Malaria in the Tropics, and Women in Science." Discussing her research on the response of mosquitoes to invasion by malaria parasites, Barillas linked her analysis of biochemical reactions to the goal of disrupting transmission of malaria from mosquito to human. Originally from Guatemala, Barillas described her decision to study malaria in mosquitoes by saying, "I wanted to use my medical training and to make a difference, so it had to be a human disease. And if I couldn't live in Guatemala, I at least wanted to study a disease of the tropics."

Dr. Y. Peng Loh, chief of the section on cellular neurobiology, NICHD, spoke on "Asian Women Scientists' Contribution to Health." First focusing on her own work, she discussed the intracellular sorting of two hormones: CART and insulin. Mutations in CART and insulin genes leading to mis-sorting of these hormones have been linked to certain forms of obesity and diabetes. Loh is currently collaborating on the development of novel therapies for such disorders. She concluded her talk by highlighting the contributions of notable Asian women in science and health, and by sharing her "10 Golden Rules for Women in Science." The key element? Visibility, visibility, visibility. 🗨️



Three researchers (from l) Dr. Ofelia A. Olivero, Dr. Carolina Barillas Mury and Dr. Y. Peng Loh present talks on the theme "Women in Science, Women in Health" for a celebration of International Women's Day.

GAIN Solicits Genotyping Applications

The Foundation for the National Institutes of Health is soliciting study proposals for inclusion in the Genetic Association Information Network (GAIN). The FNIH, which manages GAIN, invites investigators to submit applications to have existing disease-specific samples from case-control (or similar) studies genotyped at no cost. Applications will be peer-reviewed by scientific experts from academia, government and industry.

Applications from investigators must include information such as: the nature of study case and control populations; the phenotype and exposure information that the applicant is willing to place in a central database; the willingness of applicants to update phenotype data in the future; and plans for analysis and replication studies for the GAIN-supported genotype data, etc. Institutional support for a study to participate in GAIN will be required.

Once genotyping is complete, the genotype information and other related data, including phenotype and any exposure information, will be placed in a central database available to scientists in academia, government and the private sector, free of charge. The database will be designed and managed by the National Center for Biotechnology Information at the National Library of Medicine.

Applications are invited from government, non-profit and for-profit institutions. To apply, visit www.fnih.org/GAIN/GAIN_home.shtml. Applications are due May 9.

Take Your Child to Work Day, Apr. 27

NIH celebrates its 12th annual Take Your Child to Work Day, on Thursday, Apr. 27. From 9 a.m. to 4 p.m., a variety of institutes and centers will host educational and fun activities designed to let your child (ages 8-15) experience the world of biomedical research.

More than 1,500 children are expected to participate in NIH's Take Your Child to Work Day. The planning committee is seeking volunteers to help make the day a success. Visit the Take Your Child to Work Day web site for more information: <http://takeyourchildtowork.nih.gov>. Registration for the event begins in mid-April. Contact Gary Morin, (301) 496-4628 voice, (301) 480-3122 TTY, MorinG@od.nih.gov.

Individuals who need sign language interpreters and/or reasonable accommodation to participate should contact Carlton Coleman at (301) 496-2906 voice or (301) 451-2290 (TTY), (800) 877-8339 Federal Relay or by email, ColemanC@od.nih.gov.

Stratton To Discuss Endometriosis, Apr. 17

Dr. Pamela Stratton, chief of the Gynecology Consult Service in NICHD's Reproductive Biology and Medicine Branch, will discuss "Endometriosis: New Insights into Killer Cramps," on Monday, Apr. 17 from 11:30 a.m. to 12:30 p.m. in Wilson Hall, Bldg. 1. The lecture is sponsored by the NIH Office of Research on Women's Health.